

**FEC
FORM 3X****REPORT OF RECEIPTS
AND DISBURSEMENTS**
For Other Than An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (in full) TYPE OR PRINT ▼ Example: If typing, type over the lines.

12FE4M5

The Council of Insurance Agents & Brokers Political Action Committee

ADDRESS (number and street) ▼

701 Pennsylvania Avenue, NW

Suite 750

☐ Check if different than previously reported. (ACC)

Washington

DC

20004-2608

2. FEC IDENTIFICATION NUMBER ▼

CITY ▲

STATE ▲

ZIP CODE ▲

C C00039578

3. IS THIS
REPORT☒NEW
(N)

OR

☐AMENDED
(A)

4. TYPE OF REPORT

(Choose One)

(a) Quarterly Reports:

☐ April 15
Quarterly Report (Q1)☐ July 15
Quarterly Report (Q2)☐ October 15
Quarterly Report (Q3)☐ January 31
Year-End Report (YE)☐ July 31 Mid-Year
Report (Non-election
Year Only) (MY)☐ Termination Report
(TER)(b) Monthly
Report
Due On:☐ Feb 20 (M2)☐ May 20 (M5)☐ Aug 20 (M8)☐ Nov 20 (M11)
(Non-Election
Year Only)☒ Mar 20 (M3)☐ Jun 20 (M6)☐ Sep 20 (M9)☐ Dec 20 (M12)
(Non-Election
Year Only)☐ Apr 20 (M4)☐ Jul 20 (M7)☐ Oct 20 (M10)☐ Jan 31 (YE)

(c) 12-Day

PRE-Election

Report for the:

☐ Primary (12P)☐ Convention (12C)☐ General (12G)☐ Special (12S)☐ Runoff (12R)

Election on

M M M / D D D / Y Y Y Y Y Y

in the
State of

(d) 30-Day

POST-Election

Report for the:

☐ General (30G)☐ Runoff (30R)☐ Special (30S)

Election on

M M M / D D D / Y Y Y Y Y Y

in the
State of

5. Covering Period

M M M / D D D / Y Y Y Y Y Y
02 01 2014

through

M M M / D D D / Y Y Y Y Y Y
02 28 2014

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer Ken A. Crerar

Signature of Treasurer

Ken A. Crerar

[Electronically Filed]

Date

M M M / D D D / Y Y Y Y Y Y
03 19 2014

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C. §437g.

Office
Use
Only**FEC FORM 3X**
Rev. 12/2004

SUMMARY PAGE OF RECEIPTS AND DISBURSEMENTS

FEC Form 3X (Rev. 02/2003)

Page 2

Write or Type Committee Name

The Council of Insurance Agents & Brokers Political Action Committee

Report Covering the Period: From: M M / D D / Y Y Y Y Y 02 / 01 / 2014 To: M M / D D / Y Y Y Y Y 02 / 28 / 2014

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, Y Y Y Y Y 2014		623070.37
(b) Cash on Hand at Beginning of Reporting Period.....	589131.19	
(c) Total Receipts (from Line 19)	85182.40	102440.62
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	674313.59	725510.99
7. Total Disbursements (from Line 31)	86902.90	138100.30
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	587410.69	587410.69
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	0.00	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	0.00	

☒ This committee has qualified as a multicandidate committee. (see FEC FORM 1M)

For further information contact:

Federal Election Commission
999 E Street, NW
Washington, DC 20463

Toll Free 800-424-9530
Local 202-694-1100

DETAILED SUMMARY PAGE

of Receipts

FEC Form 3X (Rev. 06/2004)

Page 3

Write or Type Committee Name

The Council of Insurance Agents & Brokers Political Action Committee

Report Covering the Period:

From:

 M M / D D / Y Y Y Y Y
 02 01 2014

To:

 M M / D D / Y Y Y Y Y
 02 28 2014
I. Receipts
COLUMN A
Total This Period
COLUMN B
Calendar Year-to-Date

11. Contributions (other than loans) From:

(a) Individuals/Persons Other

Than Political Committees

(i) Itemized (use Schedule A).....

79617.90

89242.92

(ii) Unitemized

5564.50

13197.70

(iii) TOTAL (add

Lines 11(a)(i) and (ii)..... ▶

85182.40

102440.62

(b) Political Party Committees

0.00

0.00

(c) Other Political Committees

(such as PACs).....

0.00

0.00

(d) Total Contributions (add Lines

11(a)(iii), (b), and (c)) (Carry

Totals to Line 33, page 5)

85182.40

102440.62

12. Transfers From Affiliated/Other

Party Committees.....

0.00

0.00

13. All Loans Received

0.00

0.00

14. Loan Repayments Received.....

0.00

0.00

15. Offsets To Operating Expenditures

(Refunds, Rebates, etc.)

(Carry Totals to Line 37, page 5).....

0.00

0.00

16. Refunds of Contributions Made

to Federal Candidates and Other

Political Committees.....

0.00

0.00

17. Other Federal Receipts

(Dividends, Interest, etc.).....

0.00

0.00

18. Transfers from Non-Federal and Levin Funds

(a) Non-Federal Account

(from Schedule H3).....

0.00

0.00

(b) Levin Funds (from Schedule H5)

0.00

0.00

(c) Total Transfers (add 18(a) and 18(b))..

0.00

0.00

19. Total Receipts (add Lines 11(d),
12, 13, 14, 15, 16, 17, and 18(c))..... ▶

85182.40

102440.62

20. Total Federal Receipts

(subtract Line 18(c) from Line 19)..... ▶

85182.40

102440.62

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 4

II. Disbursements	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Allocated Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures	1902.90	2100.30
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b))	1902.90	2100.30
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	85000.00	136000.00
24. Independent Expenditures (use Schedule E)	0.00	0.00
25. Coordinated Party Expenditures (2 U.S.C. §441a(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees	0.00	0.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c)).....	0.00	0.00
29. Other Disbursements	0.00	0.00
30. Federal Election Activity (2 U.S.C. §431(20))		
(a) Allocated Federal Election Activity (from Schedule H6)		
(i) Federal Share	0.00	0.00
(ii) "Levin" Share.....	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds	0.00	0.00
(c) Total Federal Election Activity (add .. Lines 30(a)(i), 30(a)(ii) and 30(b))....	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c)) ..	86902.90	138100.30
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	86902.90	138100.30

DETAILED SUMMARY PAGE
of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 5

III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) (from Line 11(d), page 3)	85182.40	102440.62
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	85182.40	102440.62
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)) ►	1902.90	2100.30
37. Offsets to Operating Expenditures (from Line 15, page 3).....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36) ►	1902.90	2100.30

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 6 OF 35
(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

The Council of Insurance Agents & Brokers Political Action Committee

Full Name (Last, First, Middle Initial)

A. Mr. Albert R Counselman

Mailing Address 12313 Michaelsford Rd

City State Zip Code
 Cockeysville MD 21030-2248

FEC ID number of contributing
federal political committee.

C

Name of Employer

RCM&D, Inc. (HQ)

Occupation

Insurance Broker

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
 02 03 2014

Transaction ID : 36846401

Amount of Each Receipt this Period

2500.00

Full Name (Last, First, Middle Initial)

B. Mr. Stanley D Loar

Mailing Address 6351 Nicasio Valley
 PO Box 732

City State Zip Code
 Nicasio CA 94946-0732

FEC ID number of contributing
federal political committee.

C

Name of Employer

Woodruff-Sawyer & Company (HQ)

Occupation

Insurance Broker

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
 02 03 2014

Transaction ID : 36846713

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

C. Mr. David M Pruett

Mailing Address 311 Howard St

City State Zip Code
 Mount Airy NC 27030

FEC ID number of contributing
federal political committee.

C

Name of Employer

BB&T - Blue Ridge Burke Insurance

Occupation

Insurance Broker

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
 02 03 2014

Transaction ID : 36846714

Amount of Each Receipt this Period

2500.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

6000.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 7 OF 35
(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
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NAME OF COMMITTEE (In Full)

The Council of Insurance Agents & Brokers Political Action Committee

Full Name (Last, First, Middle Initial)

A. Ms. Anita L Verheul

Mailing Address 109 Hillside Ave

City

Arlington

State

MA

Zip Code

02476-7268

FEC ID number of contributing
federal political committee.

C

Name of Employer

William Gallagher Assoc. Ins. Brokers,

Occupation

Insurance Broker

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y
02 / 03 / 2014

Transaction ID : 36846715

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

B. Mr. Robert J Kuelzow

Mailing Address 33 Long Creek Dr

City

Burnt Hills

State

NY

Zip Code

12027-9577

FEC ID number of contributing
federal political committee.

C

Name of Employer

Rose & Kiernan, Inc.

Occupation

Insurance Broker

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y
02 / 03 / 2014

Transaction ID : 36847788

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

C. Mr. John E Butler

Mailing Address 2000 South Grandview Avenue

City

Dubuque

State

IA

Zip Code

52003-7923

FEC ID number of contributing
federal political committee.

C

Name of Employer

Cottingham & Butler, Inc. (HQ)

Occupation

Insurance Broker

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y
02 / 07 / 2014

Transaction ID : 36859896

Amount of Each Receipt this Period

1000.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

3000.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 8 OF 35
(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
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NAME OF COMMITTEE (In Full)

The Council of Insurance Agents & Brokers Political Action Committee

Full Name (Last, First, Middle Initial)

A. Mr. Bruce W Ferguson

Mailing Address 125 Indian Hills Trl

City State Zip Code
Louisville KY 40207-1540

FEC ID number of contributing
federal political committee.

C

Name of Employer

Underwriters Group (HQ), The

Occupation

Insurance Broker

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y
02 / 07 / 2014

Transaction ID : 36859897

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

B. Mr. John W Doetzer

Mailing Address 11600 Whitetail Ln

City State Zip Code
Ellicott City MD 21042-1436

FEC ID number of contributing
federal political committee.

C

Name of Employer

Consolidated Insurance Center, Inc. (H

Occupation

Insurance Broker

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2500.00

Date of Receipt

M M / D D / Y Y Y Y Y
02 / 07 / 2014

Transaction ID : 36859898

Amount of Each Receipt this Period

2500.00

Full Name (Last, First, Middle Initial)

C. Mr. Michael W Battle

Mailing Address 7600 Southwest 50th Avenue

City State Zip Code
Miami FL 33143-6056

FEC ID number of contributing
federal political committee.

C

Name of Employer

Keen Battle Mead & Company (HQ)

Occupation

Insurance Broker

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y
02 / 07 / 2014

Transaction ID : 36859899

Amount of Each Receipt this Period

1000.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

4500.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 9 OF 35
(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
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NAME OF COMMITTEE (In Full)

The Council of Insurance Agents & Brokers Political Action Committee

Full Name (Last, First, Middle Initial)

A. Mr. Robert Cohen

Mailing Address 5440 S Cottonwood Ct

City State Zip Code
 Littleton CO 80121-1432

FEC ID number of contributing
federal political committee.

C

Name of Employer
 IMA Financial Group, Inc. (HQ)

Occupation
 Insurance Broker

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2500.00

Date of Receipt

M M / D D / Y Y Y Y Y
 02 07 2014

Transaction ID : 36859900

Amount of Each Receipt this Period

2500.00

Full Name (Last, First, Middle Initial)

B. Mr. Philip J Edmundson

Mailing Address 55 Cottage St

City State Zip Code
 Hingham MA 02043-1834

FEC ID number of contributing
federal political committee.

C

Name of Employer
 William Gallagher Assoc. Ins. Brokers,

Occupation
 Insurance Broker

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y
 02 07 2014

Transaction ID : 36859901

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

C. Mr. Robert M Harrison

Mailing Address 7726 Mohawk Place

City State Zip Code
 Clayton MO 63105-2624

FEC ID number of contributing
federal political committee.

C

Name of Employer
 Daniel & Henry Company (HQ), The

Occupation
 Insurance Broker

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1500.00

Date of Receipt

M M / D D / Y Y Y Y Y
 02 07 2014

Transaction ID : 36859902

Amount of Each Receipt this Period

1500.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

5000.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
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NAME OF COMMITTEE (In Full)

The Council of Insurance Agents & Brokers Political Action Committee

Full Name (Last, First, Middle Initial)

A. Mr. David L Eslick

Mailing Address 4 Arrow Tree Dr.

City State Zip Code
 Briarcliff Manor NY 10510-2260

FEC ID number of contributing
federal political committee.

C

Name of Employer
 Marsh & McLennan Agency

Occupation
 Insurance Broker

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2500.00

Date of Receipt

M M / D D / Y Y Y Y Y
 02 / 07 / 2014

Transaction ID : 36859903

Amount of Each Receipt this Period

2500.00

Full Name (Last, First, Middle Initial)

B. Mr. Tom A Hughston

Mailing Address 6505 Bandera Ave., #1F

City State Zip Code
 Dallas TX 75225

FEC ID number of contributing
federal political committee.

C

Name of Employer
 Roach Howard Smith & Barton, Inc. (HQ)

Occupation
 Insurance Broker

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2500.00

Date of Receipt

M M / D D / Y Y Y Y Y
 02 / 07 / 2014

Transaction ID : 36859904

Amount of Each Receipt this Period

2500.00

Full Name (Last, First, Middle Initial)

C. Mr. James L Bailey

Mailing Address 4522 Mystique Way

City State Zip Code
 Roswell GA 30075-2087

FEC ID number of contributing
federal political committee.

C

Name of Employer
 Pritchard & Jerden, Inc. (HQ)

Occupation
 Insurance Broker

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2500.00

Date of Receipt

M M / D D / Y Y Y Y Y
 02 / 07 / 2014

Transaction ID : 36859905

Amount of Each Receipt this Period

2500.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

7500.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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(check only one)

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NAME OF COMMITTEE (In Full)

The Council of Insurance Agents & Brokers Political Action Committee

Full Name (Last, First, Middle Initial)

A. Mr. Robert J Klonk

Mailing Address 21363 Cedar Creek Drive

City State Zip Code
Strongsville OH 44149

FEC ID number of contributing
federal political committee.

C

Name of Employer

Oswald Companies (HQ)

Occupation

Insurance Broker

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
02 / 07 / 2014

Transaction ID : 36859906

Amount of Each Receipt this Period

2500.00

Full Name (Last, First, Middle Initial)

B. Mr. Eric O Leavitt

Mailing Address 2436 W Sunnyvale Cir

City State Zip Code
Cedar City UT 84720-1965

FEC ID number of contributing
federal political committee.

C

Name of Employer

The Leavitt Group (HQ)

Occupation

Insurance Broker

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
02 / 07 / 2014

Transaction ID : 36859907

Amount of Each Receipt this Period

2500.00

Full Name (Last, First, Middle Initial)

C. Mr. Jeffrey M Klein

Mailing Address 9807 Glastonbury Ct

City State Zip Code
Charlotte NC 28270-1605

FEC ID number of contributing
federal political committee.

C

Name of Employer

BB&T Insurance Services

Occupation

Insurance Broker

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
02 / 07 / 2014

Transaction ID : 36859908

Amount of Each Receipt this Period

500.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

5500.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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☒ 11a ☐ 11b ☐ 11c ☐ 12
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NAME OF COMMITTEE (In Full)

The Council of Insurance Agents & Brokers Political Action Committee

Full Name (Last, First, Middle Initial)

A. Mr. Christopher J Nadeau

Mailing Address 54 North Mill St

City

Hopkinton

State

MA

Zip Code

01748

FEC ID number of contributing
federal political committee.

C

Name of Employer

William Gallagher Assoc. Ins. Brokers,

Occupation

Insurance Broker

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

MM / DD / YYYY
02 / 07 / 2014

Transaction ID : 36859909

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

B. Mr. Harold W Wells IV

Mailing Address 2606 Mimosa Pl

City

Wilmington

State

NC

Zip Code

28403

FEC ID number of contributing
federal political committee.

C

Name of Employer

Harold W. Wells & Son, Inc. (HQ)

Occupation

Insurance Broker

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

MM / DD / YYYY
02 / 07 / 2014

Transaction ID : 36859913

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

C. Mr. David C Jacobs

Mailing Address 31147 Huntington Woods Pkwy

City

Bay Village

State

OH

Zip Code

44140-1034

FEC ID number of contributing
federal political committee.

C

Name of Employer

Oswald Companies (HQ)

Occupation

Insurance Broker

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2500.00

Date of Receipt

MM / DD / YYYY
02 / 07 / 2014

Transaction ID : 36859914

Amount of Each Receipt this Period

2500.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

4000.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 13 OF 35
(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

The Council of Insurance Agents & Brokers Political Action Committee

Full Name (Last, First, Middle Initial)

A. Mr. Steve L Brockmeyer

Mailing Address 1420 Oak Meadow Rd

City State Zip Code
Arcadia CA 91006-2128

FEC ID number of contributing
federal political committee.

C

Name of Employer

Bolton & Company Insurance Brokers (HQ

Occupation

Insurance Broker

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2500.00

Date of Receipt

M M / D D / Y Y Y Y Y
02 07 2014

Transaction ID : 36859915

Amount of Each Receipt this Period

2500.00

Full Name (Last, First, Middle Initial)

B. Ms. Nancy M Mellard

Mailing Address 14709 Delmar St

City State Zip Code
Leawood KS 66224-9545

FEC ID number of contributing
federal political committee.

C

Name of Employer

CBIZ Benefits & Insurance Services Gro

Occupation

Insurance Broker

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y
02 07 2014

Transaction ID : 36859916

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

C. Mr. David O Oberkircher

Mailing Address 6208 Sheaff Ln

City State Zip Code
Fort Washington PA 19034-1819

FEC ID number of contributing
federal political committee.

C

Name of Employer

TRION

Occupation

Insurance Broker

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y
02 07 2014

Transaction ID : 36859917

Amount of Each Receipt this Period

1000.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

4500.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

The Council of Insurance Agents & Brokers Political Action Committee

Full Name (Last, First, Middle Initial)

A. Mr. Adam Bruckman

Mailing Address 4358 Highborne Dr

City

Marietta

State

GA

Zip Code

30066-2429

FEC ID number of contributing
federal political committee.

C

Name of Employer

Digital Insurance, Inc. (HQ)

Occupation

Insurance Broker

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2500.00

Date of Receipt

M M / D D / Y Y Y Y Y
02 / 07 / 2014

Transaction ID : 36859918

Amount of Each Receipt this Period

2500.00

Full Name (Last, First, Middle Initial)

B. Mr. David O Becker

Mailing Address 1767 Dover Ct

City

Dubuque

State

IA

Zip Code

52003-7893

FEC ID number of contributing
federal political committee.

C

Name of Employer

Cottingham & Butler, Inc. (HQ)

Occupation

Insurance Broker

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y
02 / 07 / 2014

Transaction ID : 36859920

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

C. Mr. Jonathan M Trevisan

Mailing Address 21 Tinkers Ledge Rd.

City

Duxbury

State

MA

Zip Code

02332

FEC ID number of contributing
federal political committee.

C

Name of Employer

Willis HRH

Occupation

Insurance Broker

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y
02 / 07 / 2014

Transaction ID : 36859926

Amount of Each Receipt this Period

500.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

4000.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 15 OF 35

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

The Council of Insurance Agents & Brokers Political Action Committee

Full Name (Last, First, Middle Initial)

A. Ms. Lisa G Hawker

Mailing Address 2334 Sunflower Ct

City

Perrysburg

State

OH

Zip Code

43551-5731

FEC ID number of contributing
federal political committee.

C

Name of Employer

Hylant Group (HQ)

Occupation

Insurance Broker

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y
02 / 07 / 2014

Transaction ID : 36859927

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

B. Mr. Kenneth R Olson

Mailing Address 905 King Edward Ave.

City

St. Charles

State

IL

Zip Code

60174

FEC ID number of contributing
federal political committee.

C

Name of Employer

Horton Group, The

Occupation

Insurance Broker

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y
02 / 07 / 2014

Transaction ID : 36859930

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

C. Mr. Walter R Fawcett III

Mailing Address 310 Macalpin Ct

City

Barrinton

State

IL

Zip Code

60010-6426

FEC ID number of contributing
federal political committee.

C

Name of Employer

The Plexus Groupe LLC (HQ)

Occupation

Insurance Broker

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

261.86

Date of Receipt

M M / D D / Y Y Y Y Y
02 / 04 / 2014

Transaction ID : 36859931

Amount of Each Receipt this Period

130.96

SUBTOTAL of Receipts This Page (optional)..... ►

2130.96

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 16 OF 35
(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

The Council of Insurance Agents & Brokers Political Action Committee

Full Name (Last, First, Middle Initial)

A. Mr. Mitchell C Andrews

Mailing Address 28 Hidden Brook Dr

City State Zip Code
 North Barrington IL 60010-6914

FEC ID number of contributing
federal political committee.

C

Name of Employer

Plexus Groupe LLC (HQ), The

Occupation

Insurance Broker

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

261.86

Date of Receipt

M M / D D / Y Y Y Y Y
 02 / 04 / 2014

Transaction ID : 36859932

Amount of Each Receipt this Period

130.96

Full Name (Last, First, Middle Initial)

B. Mr. William H Lacey

Mailing Address 5321 Pebblebrook Dr

City State Zip Code
 Dallas TX 75229-5506

FEC ID number of contributing
federal political committee.

C

Name of Employer

The Plexus Groupe LLC

Occupation

Insurance Broker

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

261.86

Date of Receipt

M M / D D / Y Y Y Y Y
 02 / 04 / 2014

Transaction ID : 36859933

Amount of Each Receipt this Period

130.96

Full Name (Last, First, Middle Initial)

C. Mr. James A Roe

Mailing Address 6159 N. Meridian St.

City State Zip Code
 Indianapolis IN 46208

FEC ID number of contributing
federal political committee.

C

Name of Employer

Arlington/Roe & Co.

Occupation

Insurance Broker

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y
 02 / 07 / 2014

Transaction ID : 36859937

Amount of Each Receipt this Period

1000.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

1261.92

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

The Council of Insurance Agents & Brokers Political Action Committee

Full Name (Last, First, Middle Initial)

A. Ms. Jennifer G Walsh

Mailing Address 1460 Bernal Ave

City State Zip Code
 Burlingame CA 94010-5560

FEC ID number of contributing
federal political committee.

C

Name of Employer
 Woodruff-Sawyer & Company (HQ)

Occupation
 Insurance Broker

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y
 02 07 2014

Transaction ID : 36859939

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

B. Mr. Dan Gowen

Mailing Address 406 Otis Ave.

City State Zip Code
 Downers Grove IL 60515-3858

FEC ID number of contributing
federal political committee.

C

Name of Employer
 Wells Fargo Insurance Services, Inc. (

Occupation
 Insurance Broker

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y
 02 07 2014

Transaction ID : 36859940

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

C. Mr. J. Hyatt H Brown

Mailing Address 213 Riverside Dr

City State Zip Code
 Ormond Beach FL 32176-6503

FEC ID number of contributing
federal political committee.

C

Name of Employer
 Brown & Brown, Inc. (HQ)

Occupation
 Insurance Broker

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

M M / D D / Y Y Y Y Y
 02 07 2014

Transaction ID : 36859942

Amount of Each Receipt this Period

5000.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

6500.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

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☒ 11a ☐ 11b ☐ 11c ☐ 12
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NAME OF COMMITTEE (In Full)

The Council of Insurance Agents & Brokers Political Action Committee

Full Name (Last, First, Middle Initial)

A. Mr. William R Wilkerson IV

Mailing Address 6731 Rainbow Avenue

City

Mission Hills

State

KS

Zip Code

66208

FEC ID number of contributing
federal political committee.

C

Name of Employer

Haas & Wilkerson, Inc. (HQ)

Occupation

Insurance Broker

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
02 / 07 / 2014

Transaction ID : 36859948

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

B. Mr. Brian Robertson

Mailing Address 2905 Welton Cliff Drive

City

Cedar Park

State

TX

Zip Code

78613

FEC ID number of contributing
federal political committee.

C

Name of Employer

Fringe Benefit Group

Occupation

Insurance Broker

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
02 / 07 / 2014

Transaction ID : 36859956

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

C. Mr. Bill D Henry

Mailing Address 6801 Baltimore Dr

City

Dallas

State

TX

Zip Code

75205-1229

FEC ID number of contributing
federal political committee.

C

Name of Employer

McQueary Henry Bowles Troy, L.L.P. (HQ)

Occupation

Insurance Broker

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
02 / 04 / 2014

Transaction ID : 36859957

Amount of Each Receipt this Period

5000.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

7000.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

The Council of Insurance Agents & Brokers Political Action Committee

Full Name (Last, First, Middle Initial)

A. Mr. Steven J Topel

Mailing Address 809 Kimball Rd.

City State Zip Code
 Highland Park IL 60035

FEC ID number of contributing
federal political committee.

C

Name of Employer

Orphan Company (HQ)

Occupation

Insurance Broker

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
 02 / 07 / 2014

Transaction ID : 36859958

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

B. Mr. John Jennings

Mailing Address 240 Killarney Drive

City State Zip Code
 Berkeley Heights NJ 07922

FEC ID number of contributing
federal political committee.

C

Name of Employer

Wholesale Trading Co-Op Insurance Serv

Occupation

Insurance Broker

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
 02 / 07 / 2014

Transaction ID : 36859961

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

C. Ms. Cheryl Henry

Mailing Address 8144 Walnut Hill Lane
 Suite 1600

City State Zip Code
 Dallas TX 75231

FEC ID number of contributing
federal political committee.

C

Name of Employer

McQueary Henry Bowles Troy, L.L.P. (HQ)

Occupation

Insurance Broker

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
 02 / 03 / 2014

Transaction ID : 36859977

Amount of Each Receipt this Period

5000.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

7000.00

SCHEDULE A (FEC Form 3X)**ITEMIZED RECEIPTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17			

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NAME OF COMMITTEE (In Full)

The Council of Insurance Agents & Brokers Political Action Committee

Full Name (Last, First, Middle Initial)

A. Mr. David W Mathews

Mailing Address 3528 Keswick Dr

City	State	Zip Code
Chamblee	GA	30341

FEC ID number of contributing
federal political committee.

C

Name of Employer

Pritchard & Jerden, Inc. (HQ)

Occupation

Insurance Broker

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
02	/	19	/	2014

Transaction ID : 36899402

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

B. Mr. Peter F Cella

Mailing Address 4 Crockett Dr

City	State	Zip Code
Moraga	CA	94556-2800

FEC ID number of contributing
federal political committee.

C

Name of Employer

Beere & Purves Inc. (HQ)

Occupation

Insurance Broker

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
02	/	24	/	2014

Transaction ID : 36899403

Amount of Each Receipt this Period

2500.00

Full Name (Last, First, Middle Initial)

C. Ms. Brenda Buckerfield

Mailing Address 1000 Morningside Mountain Road

City	State	Zip Code
Glen Ellen	CA	95442

FEC ID number of contributing
federal political committee.

C

Name of Employer

Beere & Purves Inc. (HQ)

Occupation

Insurance Broker

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
02	/	24	/	2014

Transaction ID : 36899410

Amount of Each Receipt this Period

5000.00

SUBTOTAL of Receipts This Page (optional)..... ►

8000.00

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

The Council of Insurance Agents & Brokers Political Action Committee

Full Name (Last, First, Middle Initial)

A. Mr. Dale E Van Dam

Mailing Address 1025 Timber Pass

City State Zip Code
 Brookfield WI 53045

FEC ID number of contributing
federal political committee.

C

Name of Employer
 M3 Insurance Solutions, Inc.

Occupation
 Insurance Broker

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

416.68

Date of Receipt

M M / D D / Y Y Y Y Y
 02 19 2014

Transaction ID : 36899964

Amount of Each Receipt this Period

208.34

Full Name (Last, First, Middle Initial)

B. Ms. Christine M Kenyon

Mailing Address 3113 W Beltline Hwy
 PO Box 8950

City State Zip Code
 Madison WI 53713-2830

FEC ID number of contributing
federal political committee.

C

Name of Employer
 M3 Insurance Solutions, Inc.

Occupation
 Insurance Broker

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

416.68

Date of Receipt

M M / D D / Y Y Y Y Y
 02 19 2014

Transaction ID : 36899973

Amount of Each Receipt this Period

208.34

Full Name (Last, First, Middle Initial)

C. Mr. James L Hayne Jr

Mailing Address 4007 McCullough Ave
 #610

City State Zip Code
 San Antonio TX 78212-8240

FEC ID number of contributing
federal political committee.

C

Name of Employer
 Catto & Catto LLP

Occupation
 Insurance Broker

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

600.00

Date of Receipt

M M / D D / Y Y Y Y Y
 02 24 2014

Transaction ID : 36899984

Amount of Each Receipt this Period

600.00

SUBTOTAL of Receipts This Page (optional)..... ►

1016.68

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

 Use separate schedule(s)
 for each category of the
 Detailed Summary Page

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 (check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

The Council of Insurance Agents & Brokers Political Action Committee

Full Name (Last, First, Middle Initial)

A. Ms. Cynthia Van Asten

Mailing Address 480 Pilgrim Way Ste 1230

City

Green Bay

State

WI

Zip Code

54304-5279

FEC ID number of contributing
federal political committee.

C

Name of Employer

M3 Insurance Solutions, Inc.

Occupation

Insurance Broker

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

416.68

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	2		1	9		2	0	1	4

Transaction ID : 36899996

Amount of Each Receipt this Period

208.34

Full Name (Last, First, Middle Initial)

B. Mr. Jeff HamlinMailing Address 188 Spear Street
Suite 550

City

San Francisco

State

CA

Zip Code

94105

FEC ID number of contributing
federal political committee.

C

Name of Employer

Heffernan Group

Occupation

Insurance Broker

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	2		2	5		2	0	1	4

Transaction ID : 36900041

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

C. Mr. Andrew Butler

Mailing Address 800 Main Street

City

Dubuque

State

IA

Zip Code

52001

FEC ID number of contributing
federal political committee.

C

Name of Employer

Cottingham & Butler, Inc. (HQ)

Occupation

Insurance Broker

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	2		2	4		2	0	1	4

Transaction ID : 36900052

Amount of Each Receipt this Period

1000.00

SUBTOTAL of Receipts This Page (optional)..... ▶

1708.34

TOTAL This Period (last page this line number only)..... ▶

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 23 OF 35

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

The Council of Insurance Agents & Brokers Political Action Committee

Full Name (Last, First, Middle Initial)

A. Mr. Robert J Hilb

Mailing Address 20 Lower Tuckahoe Rd West

City State Zip Code
 Richmond VA 23238-6108

FEC ID number of contributing
federal political committee.

C

Name of Employer

Hilb Group, The

Occupation

Insurance Broker

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
 02 07 2014

Transaction ID : 36987253

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

B.

Mailing Address

City State Zip Code

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt

M M / D D / Y Y Y Y Y Y

Amount of Each Receipt this Period

Full Name (Last, First, Middle Initial)

C.

Mailing Address

City State Zip Code

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt

M M / D D / Y Y Y Y Y Y

Amount of Each Receipt this Period

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

1000.00

79617.90

SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 24 OF 35

☒ 21b ☐ 22 ☐ 23 ☐ 24 ☐ 25 ☐ 26
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)

The Council of Insurance Agents & Brokers Political Action Committee

Full Name (Last, First, Middle Initial)

A. PayPal, Inc.

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
02		28		2014

Mailing Address 4100 Solutions Center, #774100

City	State	Zip Code
Chicago	IL	60677-4001

Transaction ID : 36964631

Purpose of Disbursement

001

Amount of Each Disbursement this Period

Candidate Name

Category/
Type

1825.40

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For:
<input type="checkbox"/> Primary <input type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

State: District:

Full Name (Last, First, Middle Initial)

B.

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y

Mailing Address

City	State	Zip Code

Purpose of Disbursement

Category/
Type

Amount of Each Disbursement this Period

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For:
<input type="checkbox"/> Primary <input type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

State: District:

Full Name (Last, First, Middle Initial)

C.

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y

Mailing Address

City	State	Zip Code

Purpose of Disbursement

Category/
Type

Amount of Each Disbursement this Period

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For:
<input type="checkbox"/> Primary <input type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

State: District:

SUBTOTAL of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

1825.40

1825.40

SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 25 OF 35

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

The Council of Insurance Agents & Brokers Political Action Committee

Full Name (Last, First, Middle Initial)

A. ROSKAM PAC

Mailing Address PO BOX 713

City Wheaton	State IL	Zip Code 60187
-----------------	-------------	-------------------

Purpose of Disbursement

Candidate Name

Office Sought:	<input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President
State:	District:

Disbursement For:	<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
-------------------	--

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
02		06		2014

Transaction ID : 36889035

Amount of Each Disbursement this Period

5000.00

Full Name (Last, First, Middle Initial)

B. Rogers For Congress

Mailing Address PO Box 581

City Brighton	State MI	Zip Code 48116
------------------	-------------	-------------------

Purpose of Disbursement

Candidate Name

Michael Rogers

Office Sought:	<input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President
State: MI	District: 08

Disbursement For: 2014	<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
------------------------	---

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
02		06		2014

Transaction ID : 36889036

Amount of Each Disbursement this Period

1500.00

Full Name (Last, First, Middle Initial)

C. Crenshaw For Congress CampaignMailing Address 7235 Bonneval Road
Suite 210

City Jacksonville	State FL	Zip Code 32256
----------------------	-------------	-------------------

Purpose of Disbursement

Candidate Name

Rep. Ander Crenshaw

Office Sought:	<input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President
State: FL	District: 04

Disbursement For: 2014	<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
------------------------	---

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
02		06		2014

Transaction ID : 36889039

Amount of Each Disbursement this Period

2500.00

SUBTOTAL of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

9000.00

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**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 26 OF 35

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

The Council of Insurance Agents & Brokers Political Action Committee

Full Name (Last, First, Middle Initial)

A. Carper For Senate

Mailing Address PO Box 2882

City	State	Zip Code
Wilmington	DE	19805

Purpose of Disbursement

011

Candidate Name

Sen. Thomas R. Carper

Office Sought:

☐ House
☒ Senate
☐ President

Disbursement For: 2018

☒ Primary ☐ General
☐ Other (specify) ▼

State: DE District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
02	/	06	/	2014

Transaction ID : 36889040

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

B. Chris Gibson For Congress

Mailing Address PO Box 255

City	State	Zip Code
Kinderhook	NY	12106

Purpose of Disbursement

011

Candidate Name

Rep. Chris Gibson

Office Sought:

☒ House
☐ Senate
☐ President

Disbursement For: 2014

☒ Primary ☐ General
☐ Other (specify) ▼

State: NY District: 19

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
02	/	06	/	2014

Transaction ID : 36889041

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

C. Friends Of Pat Toomey

Mailing Address 228 S. Washington St., Suite 115

City	State	Zip Code
Alexandria	VA	22314

Purpose of Disbursement

011

Candidate Name

Patrick Toomey

Office Sought:

☐ House
☒ Senate
☐ President

Disbursement For: 2016

☒ Primary ☐ General
☐ Other (specify) ▼

State: PA District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
02	/	06	/	2014

Transaction ID : 36889042

Amount of Each Disbursement this Period

1000.00

SUBTOTAL of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

3000.00

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**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 27 OF 35

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

The Council of Insurance Agents & Brokers Political Action Committee

Full Name (Last, First, Middle Initial)

A. Friends Of Dennis Ross

Mailing Address 133 South Harbor Drive

City	State	Zip Code
Venice	FL	34285

Purpose of Disbursement

011

Candidate Name

Dennis Ross

Office Sought:	<input checked="" type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For: 2014

<input checked="" type="checkbox"/> Primary	<input type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼	

State: FL District: 12

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
02		06		2014

Transaction ID : 36889043

Amount of Each Disbursement this Period

1500.00

Full Name (Last, First, Middle Initial)

B. Neugebauer Congressional Committee

Mailing Address PO Box 54175

City	State	Zip Code
Lubbock	TX	79453

Purpose of Disbursement

011

Candidate Name

Rep. Randy R. Neugebauer

Office Sought:	<input checked="" type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For: 2014

<input type="checkbox"/> Primary	<input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼	

State: TX District: 19

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
02		06		2014

Transaction ID : 36889046

Amount of Each Disbursement this Period

2500.00

Full Name (Last, First, Middle Initial)

C. Gregg Harper For Congress

Mailing Address Post Office Box 54344

City	State	Zip Code
Pearl	MS	39288

Purpose of Disbursement

011

Candidate Name

Rep. Gregg Harper

Office Sought:	<input checked="" type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For: 2014

<input checked="" type="checkbox"/> Primary	<input type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼	

State: MS District: 03

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
02		06		2014

Transaction ID : 36889047

Amount of Each Disbursement this Period

1000.00

SUBTOTAL of Disbursements This Page (optional).....▶**TOTAL** This Period (last page this line number only).....▶

5000.00

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**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 28 OF 35

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

The Council of Insurance Agents & Brokers Political Action Committee

Full Name (Last, First, Middle Initial)

A. Freedom Fund

Mailing Address 128 North Columbus Street

City	State	Zip Code
Alexandria	VA	22314

Purpose of Disbursement

Candidate Name

Freedom Fund

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

State: District:

Disbursement For:

<input type="checkbox"/> Primary	<input type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼	

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
02		06		2014

Transaction ID : 36889048

Amount of Each Disbursement this Period

2500.00

Full Name (Last, First, Middle Initial)

B. Cole For Congress

Mailing Address P.O. Box 722256

City	State	Zip Code
Norman	OK	73070

Purpose of Disbursement

Candidate Name

Rep. Thomas Cole

Office Sought:	<input checked="" type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

State: OK District: 04

Disbursement For: 2014

<input checked="" type="checkbox"/> Primary	<input type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼	

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
02		06		2014

Transaction ID : 36889049

Amount of Each Disbursement this Period

2500.00

Full Name (Last, First, Middle Initial)

C. Road to Freedom PAC

Mailing Address 217 Third Street, SE

City	State	Zip Code
Washington	DC	20003

Purpose of Disbursement

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

State: District:

Disbursement For:

<input type="checkbox"/> Primary	<input type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼	

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
02		06		2014

Transaction ID : 36889050

Amount of Each Disbursement this Period

4000.00

SUBTOTAL of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

9000.00

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	21b		22	X	23		24		25		26
	27		28a		28b		28c		29		30b

The Council of Insurance Agents & Brokers Political Action Committee

5000.00

1500.00

7500.00

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 30 OF 35

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

The Council of Insurance Agents & Brokers Political Action Committee

Full Name (Last, First, Middle Initial)

A. Shannon for Senate

Mailing Address PO Box 18182

City	State	Zip Code
Oklahoma City	OK	73154

Purpose of Disbursement

011

Candidate Name

Mr. TW Shannon

Office Sought:	<input type="checkbox"/> House
	<input checked="" type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For: 2014
<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

State: OK District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
02		21		2014

Transaction ID : 36903037

Amount of Each Disbursement this Period

5000.00

Full Name (Last, First, Middle Initial)

B. Democrats Win Seats PACMailing Address 412 First Street, SE
Suite 100

City	State	Zip Code
Washington	DC	20003

Purpose of Disbursement

011

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For:
<input type="checkbox"/> Primary <input type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
02		21		2014

Transaction ID : 36903054

Amount of Each Disbursement this Period

5000.00

Full Name (Last, First, Middle Initial)

C. Friends Of Jeb Hensarling

Mailing Address PO Box 820504

City	State	Zip Code
Dallas	TX	75382

Purpose of Disbursement

011

Candidate Name

Rep. Jeb Hensarling

Office Sought:	<input checked="" type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For: 2014
<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

State: TX District: 05

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
02		21		2014

Transaction ID : 36903055

Amount of Each Disbursement this Period

2500.00

SUBTOTAL of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

12500.00

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**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 31 OF 35

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

The Council of Insurance Agents & Brokers Political Action Committee

Full Name (Last, First, Middle Initial)

A. Friends Of Jeb Hensarling

Mailing Address PO Box 820504

City	State	Zip Code
Dallas	TX	75382

Purpose of Disbursement

011

Candidate Name

Rep. Jeb HensarlingCategory/
Type

Office Sought:	<input checked="" type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For: 2014

<input type="checkbox"/> Primary	<input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼	

State: TX District: 05

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
02		21		2014

Transaction ID : 36903056

Amount of Each Disbursement this Period

5000.00

Full Name (Last, First, Middle Initial)

B. Texans For Senator John Cornyn Inc

Mailing Address PO Box 13026

City	State	Zip Code
Austin	TX	78711

Purpose of Disbursement

011

Candidate Name

Sen. John CornynCategory/
Type

Office Sought:	<input type="checkbox"/> House
	<input checked="" type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For: 2014

<input checked="" type="checkbox"/> Primary	<input type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼	

State: TX District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
02		21		2014

Transaction ID : 36903057

Amount of Each Disbursement this Period

5000.00

Full Name (Last, First, Middle Initial)

C. Cotton For Senate

Mailing Address PO Box 379

City	State	Zip Code
Dardanelle	AR	72834

Purpose of Disbursement

011

Candidate Name

Thomas CottonCategory/
Type

Office Sought:	<input checked="" type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For: 2014

<input checked="" type="checkbox"/> Primary	<input type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼	

State: AR District: 02

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
02		21		2014

Transaction ID : 36903058

Amount of Each Disbursement this Period

5000.00

SUBTOTAL of Disbursements This Page (optional).....▶**TOTAL** This Period (last page this line number only).....▶

15000.00

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SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 32 OF 35

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

The Council of Insurance Agents & Brokers Political Action Committee

Full Name (Last, First, Middle Initial)

A. Horsford For Congress

Mailing Address 6100 Elton Ave, Suite 1000

City	State	Zip Code
Las Vegas	NV	89107

Purpose of Disbursement

011

Category/
Type

Candidate Name

Rep. Steven A. Horsford

Office Sought:	<input checked="" type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For: 2014

<input checked="" type="checkbox"/> Primary	<input type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼	

State: NV District: 04

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
02		28		2014

Transaction ID : 36960742

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

B. Michael Grimm For Congress

Mailing Address PO Box 61806

City	State	Zip Code
Staten Island	NY	10306

Purpose of Disbursement

011

Category/
Type

Candidate Name

Michael Grimm

Office Sought:	<input checked="" type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For: 2014

<input checked="" type="checkbox"/> Primary	<input type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼	

State: NY District: 13

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
02		28		2014

Transaction ID : 36960743

Amount of Each Disbursement this Period

1500.00

Full Name (Last, First, Middle Initial)

C. Michael Grimm For Congress

Mailing Address PO Box 61806

City	State	Zip Code
Staten Island	NY	10306

Purpose of Disbursement

011

Category/
Type

Candidate Name

Michael Grimm

Office Sought:	<input checked="" type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For: 2014

<input type="checkbox"/> Primary	<input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼	

State: NY District: 13

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
02		28		2014

Transaction ID : 36960744

Amount of Each Disbursement this Period

1000.00

SUBTOTAL of Disbursements This Page (optional).....▶**TOTAL** This Period (last page this line number only).....▶

3500.00

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SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 33 OF 35

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

The Council of Insurance Agents & Brokers Political Action Committee

Full Name (Last, First, Middle Initial)

A. Rounds For Senate

Mailing Address PO Box 250

City	State	Zip Code
Pierre	SD	57501

Purpose of Disbursement

011

Candidate Name

Marion Rounds

Office Sought:

☐ House
☒ Senate
☐ President

Disbursement For: 2014

☒ Primary ☐ General
☐ Other (specify) ▼

State: SD District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
02	/	28	/	2014

Transaction ID : 36960745

Amount of Each Disbursement this Period

2500.00

Full Name (Last, First, Middle Initial)

B. Cicilline Committee

Mailing Address One Park Row, Fifth Floor

City	State	Zip Code
Providence	RI	02903

Purpose of Disbursement

011

Candidate Name

David Cicilline

Office Sought:

☒ House
☐ Senate
☐ President

Disbursement For: 2014

☐ Primary ☒ General
☐ Other (specify) ▼

State: RI District: 01

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
02	/	28	/	2014

Transaction ID : 36960746

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

C. Peak PACMailing Address 122 C Street, NW
Suite 505

City	State	Zip Code
Washington	DC	20001

Purpose of Disbursement

011

Candidate Name

Peak PAC

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
02	/	28	/	2014

Transaction ID : 36960748

Amount of Each Disbursement this Period

5000.00

SUBTOTAL of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

8500.00

SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 34 OF 35

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

The Council of Insurance Agents & Brokers Political Action Committee

Full Name (Last, First, Middle Initial)

A. Citizens For Waters

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
02		28		2014

Mailing Address 3700 Wilshire Blvd., Ste. 1050-B

City	State	Zip Code
Los Angeles	CA	90010

Purpose of Disbursement

011

Transaction ID : 36960749

Amount of Each Disbursement this Period

4000.00

Candidate Name

Rep. Maxine WatersCategory/
Type

Office Sought: ☒ House
☐ Senate
☐ President

Disbursement For: 2014

☒ Primary ☐ General
☐ Other (specify) ▼

State: CA District: 43

Full Name (Last, First, Middle Initial)

B. Citizens For Waters

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
02		28		2014

Mailing Address 3700 Wilshire Blvd., Ste. 1050-B

City	State	Zip Code
Los Angeles	CA	90010

Purpose of Disbursement

011

Transaction ID : 36960750

Amount of Each Disbursement this Period

1000.00

Candidate Name

Rep. Maxine WatersCategory/
Type

Office Sought: ☒ House
☐ Senate
☐ President

Disbursement For: 2014

☐ Primary ☒ General
☐ Other (specify) ▼

State: CA District: 43

Full Name (Last, First, Middle Initial)

C. Matsui For Congress

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
02		28		2014

Mailing Address PO Box 1738

City	State	Zip Code
Sacramento	CA	95812

Purpose of Disbursement

011

Transaction ID : 36960751

Amount of Each Disbursement this Period

1000.00

Candidate Name

Doris MatsuiCategory/
Type

Office Sought: ☒ House
☐ Senate
☐ President

Disbursement For: 2014

☐ Primary ☒ General
☐ Other (specify) ▼

State: CA District: 05

SUBTOTAL of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

6000.00

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**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 35 OF 35

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

The Council of Insurance Agents & Brokers Political Action Committee

Full Name (Last, First, Middle Initial)

A. Mark Pocan For Congress

Mailing Address PO Box 327

City Madison	State WI	Zip Code 53701
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Purpose of Disbursement

011

Candidate Name

Mark PocanOffice Sought: ☒ House
☐ Senate
☐ President

Disbursement For: 2014

☒ Primary ☐ General
☐ Other (specify) ▼

State: WI District: 02

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
02		28		2014

Transaction ID : 36960752

Amount of Each Disbursement this Period

2500.00

Full Name (Last, First, Middle Initial)

B. Bill Foster For Congress

Mailing Address P.O. Box 9104

City Aurora	State IL	Zip Code 60598
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Purpose of Disbursement

011

Candidate Name

Rep. Bill FosterOffice Sought: ☒ House
☐ Senate
☐ President

Disbursement For: 2014

☒ Primary ☐ General
☐ Other (specify) ▼

State: IL District: 14

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
02		28		2014

Transaction ID : 36960753

Amount of Each Disbursement this Period

2500.00

Full Name (Last, First, Middle Initial)

C. Brian Ellis For Congress

Mailing Address PO Box 6568

City Grand Rapids	State MI	Zip Code 49516
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Purpose of Disbursement

011

Candidate Name

Brian EllisOffice Sought: ☒ House
☐ Senate
☐ President

Disbursement For: 2014

☒ Primary ☐ General
☐ Other (specify) ▼

State: MI District: 03

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
02		28		2014

Transaction ID : 36960754

Amount of Each Disbursement this Period

1000.00

SUBTOTAL of Disbursements This Page (optional).....▶**TOTAL** This Period (last page this line number only).....▶

6000.00

85000.00
